

# THE FLORIDA BAR APPLICATION FOR APPOINTMENT

Date \_\_\_\_\_

Thank you for applying for an appointment position within The Florida Bar. Your interest in and commitment to service are appreciated.

Please print or type your responses. Submit a separate application for each appointment requested.

**All applications are evaluated on a variety of criteria, consistent with the objectives of The Florida Bar's strategic plan, including bar-related, professional and community activities and accomplishments. Attach additional pages as necessary. You may attach a resumé to this application; however, resúmes may not be submitted in lieu of FULLY COMPLETED applications. The Bar reserves the right not to consider fully completed applications.**

Appointment Requested: \_\_\_\_\_

## PERSONAL INFORMATION

1. Full Name: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Date of Birth (optional): \_\_\_\_\_

4. Gender (optional): Male          Female

5. Ethnic Origin (optional):

African American/Black

American Indian/Alaska Native

Asian/Pacific Islander

Hispanic/Latino

White, non-Hispanic

Other ( \_\_\_\_\_ )

## EMPLOYMENT HISTORY

6. Current

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Firm size:        up to 10 attorneys        11-35 attorneys

                  35+ attorneys        other (please explain)

7. If less than 5 years, list previous employer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

8. Prior career, profession or job:

## EDUCATION

9. List colleges and law schools attended, dates of attendance, date of graduation and degrees obtained.

a. Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

b. Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

c. Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

d. Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

## BAR INFORMATION

10. Florida Bar Attorney Number: \_\_\_\_\_

11. Date admitted to The Florida Bar: \_\_\_\_\_

12. Membership in other Bar organizations (local, state, national):

13. Please list all courts before which you are eligible to practice (i.e. U.S. Supreme Court, Circuit Courts of Appeal, District Courts, Tax Courts, etc.):

14. Please list service on any local, state or national bar associations, boards, sections, or committees (include dates of service and leadership positions held, if any):

a. Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

b. Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

c. Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

d. Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

15. Please list prior or current appointments to any Bar positions (i.e. Grievance Committees, Judicial Nominating Committee, Unlicensed Practice of Law Committee, etc.):

16. Have you ever resigned from any board, section, committee or appointed position? If so, why?:

17. Please list any discipline imposed on you in any other jurisdiction, including the nature of the discipline, date imposed and nature of the charge:

a. Jurisdiction: \_\_\_\_\_

Nature of the Discipline: \_\_\_\_\_

Date Imposed: \_\_\_\_\_

Nature of the Charge: \_\_\_\_\_

b. Jurisdiction: \_\_\_\_\_

Nature of the Discipline: \_\_\_\_\_

Date Imposed: \_\_\_\_\_

Nature of the Charge: \_\_\_\_\_

c. Jurisdiction: \_\_\_\_\_

Nature of the Discipline: \_\_\_\_\_

Date Imposed: \_\_\_\_\_

Nature of the Charge: \_\_\_\_\_

d. Jurisdiction: \_\_\_\_\_

Nature of the Discipline: \_\_\_\_\_

Date Imposed: \_\_\_\_\_

Nature of the Charge: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

18. Please describe your predominant area(s) of practice:

19. Please list any area of certification and the dates of each certification:

<u>Area of Certification</u>	<u>Date of Certification</u>
_____	_____
_____	_____
_____	_____
_____	_____

20. Please list any professional organizations to which you belong (i.e. ABOTA, Florida Justice Association, Defense Council, Inns of Court). Include dates of membership and leadership positions held:

a. Name of Organization: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

b. Name of Organization: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

c. Name of Organization: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

d. Name of Organization: \_\_\_\_\_

Dates of Membership: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

21. Please list any professional-related awards received or notable achievements:

22. Please provide any peer review evaluations you have received (i.e. Martindale-Hubbell, Florida Trend, etc.):

23. Please list any professional articles you have written, including title, date of publication and name of publication:

a. Title of Article: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Name of Publication: \_\_\_\_\_

b. Title of Article: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Name of Publication: \_\_\_\_\_

c. Title of Article: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Name of Publication: \_\_\_\_\_

d. Title of Article: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Name of Publication: \_\_\_\_\_



## COMMUNITY INVOLVEMENT

24. Please list any civic or community organizations to which you belong (i.e. Rotary, religious, charitable organizations, etc.). Include dates and any leadership positions you have held:

a. Organization: \_\_\_\_\_

Date(s): \_\_\_\_\_

Leadership Positions: \_\_\_\_\_

b. Organization: \_\_\_\_\_

Date(s): \_\_\_\_\_

Leadership Positions: \_\_\_\_\_

c. Organization: \_\_\_\_\_

Date(s): \_\_\_\_\_

Leadership Positions: \_\_\_\_\_

d. Organization: \_\_\_\_\_

Date(s): \_\_\_\_\_

Leadership Positions: \_\_\_\_\_

25. Please list any civic or community activities in which you have participated (i.e. charity activities or events, athletic teams or events, fundraising, etc.). Include any awards received or notable achievements:

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26. Please list any elected or appointed positions you have held for any governmental entity. Include dates of election, appointment and lengths of service:

a. Position Title: \_\_\_\_\_

Date(s) of Election/Appointment: \_\_\_\_\_

Length of Service: \_\_\_\_\_

b. Position Title: \_\_\_\_\_

Date(s) of Election/Appointment: \_\_\_\_\_

Length of Service: \_\_\_\_\_

c. Position Title: \_\_\_\_\_

Date(s) of Election/Appointment: \_\_\_\_\_

Length of Service: \_\_\_\_\_

d. Position Title: \_\_\_\_\_

Date(s) of Election/Appointment: \_\_\_\_\_

Length of Service: \_\_\_\_\_

**APPOINTMENT INFORMATION**

27. How did you learn of the vacancy for the appointment requested?

28. Please state why you are requesting this appointment, including your specific qualifications, what you feel you can contribute and any specific benefit you believe your selection would bring to the position (attach additional pages as needed to fully respond):

29. List the names and contact information of at least 3 other persons who are knowledgeable about your qualifications:

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

c. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

30. **I am aware of the requirements and criteria for the position I am seeking and certify that I am qualified to serve if appointed.**

**Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you again for applying.

OR

**RETURN COMPLETED APPLICATION TO:**

**EXECUTIVE DIRECTOR  
THE FLORIDA BAR  
651 EAST JEFFERSON STREET  
TALLAHASSEE, FLORIDA 32399-2300  
FAX: (850) 561-9405  
EMAIL: [SpecialApptApp@flabar.org](mailto:SpecialApptApp@flabar.org)**